20%	
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OCT	
SCANNED	

£					29	3 9 3	23708722
•		$\left(\tilde{\mathcal{G}}_{\tilde{\mathcal{G}}_{A}}^{\tilde{\mathcal{G}}_{A}}\right)$				3	709
Form 990-T	E	xempt Organization				n È	OMB No 1545-0687
Form JJU-1	 	and proxy tax) Indar year 2016 or other tax year begin		der section 6033(. 7 7	୬ ଜ1 c
Department of the Treasury	1	formation about Form 990-T and					<u> </u>
Internal Revenue Service		o not enter SSN numbers on this form a			-		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if		Name of organization (Check bo	ox if nai	ne changed and see instruction	is)		oyer identification number
address change	ed	AMERICAN SOCIETY FOR	R TE	CHNION -		(Emplo	yees' trust, see instructions)
B Exempt under section	Duina	ISRAEL INSTITUTE FOR					
X 501(C 103)	Print or	Number, street, and room or suite no 1	faPO	box, see instructions			434195
408(e) 220	· i i y pe	EE EXCM FOMU CMDDDM					ated business activity codes structions)
408A530	(a)	55 EAST 59TH STREET City or town, state or province, country	v and 2	7IP or foreign postal code			
529(a) C Book value of all asset	-	NEW YORK, NY 10022-				52300	00
at end of year		oup exemption number (See instruction				3230	, , , , , , , , , , , , , , , , , , , ,
523,573,079		eck organization type X 501			:) trust	401(a)	trust Other trust
		orimary unrelated business activity					
		corporation a subsidiary in an affili					
If "Yes," enter the	name and	identifying number of the parent con	rporate	on >			
J The books are in o	are of 🕨	ANITA ENRIQUEZ		Telephor	ne number ▶ 21	2-407-	-6357
Part I Unrelate	d Trade	or Business Income		(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts	or sales			ļ			
b Less returns and all-	owances	c Balance ▶	1c				
-	•	dule A, line 7)	2				
•		2 from line 1c	3	67.402	 		67.402
		attach Schedule D)	4a	67,493	 		67,493
• , ,	•	, Part II, line 17) (attach Form 4797)	4b 4c	-3,300			-5,360
		trusts		-2,424	ATCH 1		-2,424
		ips and 3 corporations (attach statement)	6	2,121	AICH	·	2/121
		ncome (Schedule E)	7		<u> </u>		da
		ents from controlled organizations (Schedule F)				1	1
	-	01(c)(7) (9), or (17) organization (Schedule G)	$\overline{}$				
10 Exploited exem	pt activity	ıncome (Schedule I)	10				
11 Advertising inc	ome (Sche	dule J)	11				
12 Other income	(See instru	ctions, attach schedule)	12				
		rough 12	13	59,509	<u>L</u>		59,509
		Taken Elsewhere (See inst				Except f	or contributions,
deducti	ons mus	t be directly connected with t	the u	nrelated business inco	ome)		
14 Compensation	of officers	, directors, and trustees (Schedule K))		RECEIV	/ED14	
15 Salaries and w	ages				AU6 2 2	15	2
17 Rad debte					AUP. 2. 5.	201 8 3	#
18 Interest (attack	schedule)			ATTACHM	F.N.T. 3 = 1	18	149
19 Taxes and licer	ises				OGDEN,	19	966
		(See instructions for limitation rules)					3,413
		n 4562)		1 1	_		
22 Less deprecia	ion claime	d on Schedule A and elsewhere on re	eturn			22b	
23 Depletion						23	
24 Contributions	o deferred	compensation plans				24	
= ·	_	ns , , , ,					
		(Schedule I)					
		Schedule J)					18,880.
		schedule)					23,408.
		es 14 through 28 ble income before net operating					36,101
		tion (limited to the amount on line 3					5,381
		ale income before specific deduction	•				30,720.
		erally \$1,000, but see line 33 instruc					1,000
•	•	able income. Subtract line 33 fr					1
		or line 32		_		· 1	29,720
For Paperwork Red	uction Act	Notice, see instructions.					Form 990-T (2016)
6X2740 i 000 0415GM 7	`00J		V 1	6-7 17	0190793-00	002	PAGE

Form 990-T (2016)

P01270238

212-599-0100

with the preparer shown below

(see instructions)? X Yes No

Firm's EIN ► 36-6055558

Check L

Phone no

self-employed

JSA

Here

Paid

Preparer

Use Only

Michal

Signature of officer

QI WEN

Firm's name

Print/Type preparer's name

LIANG

► GRANT THORNTON LLP

Firm's address ▶ 757 THIRD AVENUE, 4TH FLOOR, NEW YORK,

6X27411000 0415GM 700J Preparers signature

A. Har Terry

Title

Date

NY 10017-2013

8/14/2018

Form 990-T (2016)

Total dividends-received deductions included in column 8.

Schedule F - Interest, Anni	uities, Royalties,	and R	ents Fro	m Contro	led Or	ganizat	ons (see	instruction	ons)	
		Ex	empt Co	ntrolled Org	ganizatio	ons				
1 Name of controlled organization	2 Emptoyer identification numbe	;1	Net unrela loss) (see ii	ated income		of specified	ıncluded	f column 4 that is in the controlling ion's gross income		6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)							ļ			
Nonexempt Controlled Organiz	zations									
7 Taxable Income	8 Net unrelated ind (loss) (see instructi		ì	Total of specific ayments made		includ	rt of column ed in the co cation's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)									L	
(3)										
(4)										
Totals		<u></u> tion 50		 (9), or (17	▶) Orga	Enter Part	columns 5 a here and on , line 8, colu	page 1, mn (A)	Ent	dd columns 6 and 11 ter here and on page 1, int I, line 8, column (B)
1 Description of income	2 Amount of			3 Deduction directly cor (attach sch	tions nected		4 Se	t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
-	Enter here and o Part I, line 9, co									Enter here and on page 1, Part I, line 9, column (B)
Totals ▶			· <u> </u>				د			
Schedule I - Exploited Exc	empt Activity Inc	come, C	Other Th	an Adverti	sing In	come (see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produ unre	penses ectly ited with ction of elated s income	4 Net incor from unrelat or business 2 minus col If a gain, cols 5 thro	ed trade (column umn 3) ompute	from a	ss income strivity that unrelated ss income	6 Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)							·			
(2)	 									
(3)	 									
(4)									-	
	Enter here and on page 1, Part I, line 10, col (A)	page 1	re and on , Part I, col (B)				-			Enter here and on page 1, Part II, line 26
Totals		.at.a\		<u> </u>			 -			
Schedule J - Advertising Ir				: d=4= 1.D						
Part I Income From Per	logicals Report	ed on a	Consoi	idated Bas	SIS	г——				<u></u>
Name of periodical	2. Gross advertising income		irect ing costs	4 Advertigan or (los 2 minus co a gain, co cols 5 thro	s) (col ol. 3) If mpute	5. Circulation 6. Readership income costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)	 			1						
(2)	†			1						7
(3)	†	-		1				 		7
(4)	 		=	1						┥
<u> </u>	 			 		<u> </u>		-		
Totals (carry to Part II, line (5))		-								Form 990-T (2016)

J\$A

1 01111-050-1	(10.0) INDICINI BOCILITION INCINION	10	0 1	J 11		rage
Part II	Income From Periodicals Reported on a Separate Basis (For each periodical listed	ın Pa	art II	, fill	ın	columns
	2 through 7 on a line-by-line basis)					

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5 but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14.	 		

Form **990-T** (2016)

ATTACHMENT	1	

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ORDINARY LOSS FROM LP INVESTMENTS PORTFOLIO INCOME FROM LP INVESTMENTS -3,633 1,209.

INCOME (LOSS) FROM PARTNERSHIPS

-2,424

ATTACHMENT 2

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME	59,509
ADD DOMESTIC PRODUCTION ACTIVITIES DEDUCTION	0
LESS DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DE	PAD 19,995
	* 10%
CHARITABLE CONTRIBUTION LIMITATION (10%)	3,951
CHARITABLE CONTRIBUTION	3,413
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE T	<u>wo)</u> 3,413

ATTACHMENT	3	

FORM 990T - PART II - LINE 18 - INTER	FORM	90T - P	PART II	- LINE	18 -	INTEREST
---------------------------------------	------	---------	---------	--------	------	----------

INTEREST EXPENSE FROM LP INVESTMENTS PART II - LINE 18 - INTEREST

149

149

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PORTFOLIO EXPENSES FROM LP INVESTMENTS TAX PREPARATION FEES
INVESTMENT MANAGEMENT FEES

4,176 7,000 7,704

PART II - LINE 28 - OTHER DEDUCTIONS

18,880

NET OPERATING LOSS SCHEDULE

TAX YEAR	NOL GENERATED	AMOUNT UTILIZED	CARRIED RWARD
9/30/2014	(18,207)	(18,207)	_
9/30/2015			_
9/30/2016	-	-	_
NOL CARRYFORWARD TO	9/30/2018		

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T

Information about Schedule D (Form 1120) and its separate instructions is at www irs gov/form1120

OMB No 1545-0123

Department of the Treasury Internal Revenue Service Name AMERICAN SOCIETY FOR TECHNION -

ISRAEL INSTITUTE FOR TECHNOLOGY INC

Employer identification number 13-0434195

Part	Short-Term Capital Gains and Losses	- Assets Held Or	ne Year or Less			
	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form	s)	(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars	(sales price)	(or other basis)	8949, Part I line : column (g)	۷,	column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1 b	Totals for all transactions reported on Form(s) 8949					
	with Box A checked			1		
2	Totals for all transactions reported on Form(s) 8949 with Box B checked				-	
3	Totals for all transactions reported on Form(s) 8949					,
	with Box C checked		14			-14
4 5	Short-term capital gain from installment sales from Figure Short-term capital gain or (loss) from like-kind exchain				5	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column	h		7	-14
Part						
	See instructions for how to figure the amounts to enter on	(d)	(e)	(g) Adjustments to		
	the lines below This form may be easier to complete if you round off cents to	Proceeds	Cost	8949, Part II, line		ಳ-Subtract column (e) from - _column (d) and combine
	whole dollars	(sales price)	(or other basis)	column (g)	-, -	the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8b	Totals for all transactions reported on Form(s) 8949					
	with Box D checked			Ì		
9	Totals for all transactions reported on Form(s) 8949					
	with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949					
	with Box F checked	67,507				67,507
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15 Par	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	h	<u> </u>	15	67,507
النص				· - I		
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	al loss (line 15)		16	
17	Net capital gain Enter excess of net long-term capit	tal gain (line 15) over n	et short-term capital los	s (line 7)	17	67,493
18	Add lines 16 and 17 Enter here and on Form 1120,				··	.,,,,,,
	the corporation has qualified timber gain, also compl		•	1	18	67,493
	Note: If losses exceed gains, see Capital losses in th				 -	1 01,773
For P	aperwork Reduction Act Notice, see the Instruction					Schedule D (Form 1120) 2016

Schedule D (Form 1120) 2016

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No 1545-0074

Department of the Treasury ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D Internal Revenue Service Name(s) shown on return AMERICAN SOCIETY FOR TECHNION -

Attachment Sequence No 12A

Social security number or taxpayer identification number

ISRAEL INSTITUTE FOR TECHNOLOGY INC

13-0434195

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales proce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions			(h) Gain or (loss) Subtract column (e)
					ST LOSS FROM LP INVESTMENTS	VAR	VAR
	-	 ,		-			
		<u> </u>		<u> </u>			
				-			
	-			<u> </u>			
2 Totals Add the amounts in column	ns (d), (e), (g), and	d (h) (subtract		<u> </u>			
negative amounts) Enter each to Schedule D, line 1b (if Box A abo	otal here and inc ove is checked), lin	lude on your e 2 (if Box B		14			-14

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2016)

Form 8949 (20	16)					Att	achment Sequence No	12A Page 2
Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side.					Social security number or taxpayer identification number			
AMERIC	AN SOCIETY FOR	rechnion -	<u> </u>				13-0434195	
statement v	check Box D, E, or F below will have the same informat may even tell you which bo	tion as Form 10						
Part II	Long-Term. Transactions, see pa		ng capital a	ssets you held	more than 1	year are lor	ng term For sho	ort-term
	Note: You may agg to the IRS and for v 8a, you aren't requi	which no ad	justments o	r codes are red	quired Enter	the totals d	rectly on Sche	•
a separate more of th (D) L (E) L	check Box D, E, or F I Form 8949, page 2, for e boxes, complete as m ong-term transactions ong-term transactions ong-term transactions	below. Check or each applic nany forms wit reported on F reported on F	only one boable box If yoh the same borm(s) 1099-orm(s) 1099-	ox If more than ou have more lo ox checked as y B showing basis B showing basis	one box appliing-term transa ou need was reported to	es for your lo actions than v	ong-term transac will fit on this pa	
(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Мо , day, уг)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions			(h) Gain or (loss) Subtract column (e)	
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)	
LT GAIN FR	OM LP INVESTMENTS	VAR	VAR	67,507				67,507
		ļ						
					-			
negative	Add the amounts in columns amounts) Enter each total of D, line 8b (if Box D above	here and include	de an your				7	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

67,507

JSA 6X2616 2 000

Form 8949 (2016)

above is checked), or line 10 (if Box F above is checked)

67,507